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CONFIRMATION NO. 4355

<b>SERIAL NUMBER</b> 09/827,266	<b>FILING OR 371(c) DATE</b> 04/05/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> James G. Skakoon, St. Paul, MN; Thomas I. Miller, Palm Bay, FL; Matthew S. Solar, Indialantic, FL; Gerald W. Mills, Palm Bay, FL; Charles L. Truwit, Wayzata, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/195,663 04/07/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/10/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> JAMES G. SKAKOON 1115 ELWAY STREET, #404 ST. PAUL, MN55116				
<b>TITLE</b> Medical device introducer				
<b>FILING FEE RECEIVED</b> 868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	